Substance Abuse and Mental Health Services Administration
A. General Statement/Overview
(Dollars in thousands)

	FY 1998 Actual	FY 1999 Appropriation	FY 2000 Estimate	Increase or Decrease
Knowledge Development and Application	**$273,421**	**$293,317**	**$267,317**	**-$26,000**
Targeted Capacity Expansion	**91,411**	**133,515**	**188,515**	**+55,000**
High Risk Youth	**6,000**	**7,000**	**7,000**	**---**
National Data Collection	**18,000**	**---**	**---**	**---**
Children=s Mental Health Services	**72,927**	**78,000**	**78,000**	**---**
Protection & Advocacy	**21,957**	**22,957**	**22,957**	**---**
PATH Homeless Formula Grants	**23,000**	**26,000**	**31,000**	**+5,000**
Mental Health Block Grants	**275,420**	**288,816**	**358,816**	**+70,000**
Substance Abuse Block Grant	**1,310,107**	**1,585,000**	**1,615,000**	**+30,000**
Program Management	**55,400**	**53,400**	**57,900**	**+4,500**
TOTAL, SAMHSA	**$2,147,643**	**$2,488,005**	**$2,626,505**	**+$138,500**
SSI Supplement to SABG (P.L. 104-121)	**50,000**	**---**	**---**	**---**
TOTAL, Program Level	**$2,197,643**	**$2,488,005**	**$2,626,505**	**+$138,500**

SAMHSA=s FY 2000 budget submission consolidates budget narrative and the GPRA Performance Plan into a single document. The FY 2000 budget narrative includes program and performance information on newly proposed and newly initiated programs. The budget narrative also includes program descriptions of significant ongoing SAMHSA programs.

The GPRA performance plan consists of two parts. The first sets out the Agency-level performance plan, which explains agency-level measures and core measures that are to be applied, to the extent possible, to all programs. The second sets out component performance plans. The component performance plans include performance measures and targets, and baseline and other data, for ongoing block, formula, and other programs, for selected Knowledge Development and Knowledge Application programs, and for key data initiatives.

Agency Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) was created on October 1, 1992. The mission of the agency is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses. Individuals with mental illnesses and substance abuse encounter special problems in obtaining care, despite the prevalence and cost of these illnesses. For individuals with health insurance, benefits nearly always are limited relative to those for other illnesses. For those without insurance, some individuals receive excellent care in public sector systems. Others may have access only to

ineffective services or to no services at all. SAMHSA has an essential role in assuring the provision of quality services in these areas of health.

Prevalence and Costs

The 1991 National Comorbidity Survey (NCS) estimated that 27.6 percent of the population age 15-54 had a mental disorder. By 2020, the World Health Organization projects that depression will become the second leading cause of disability in the world, exceeded only by heart disease. Twenty percent of children and adolescents are estimated to have a diagnosable mental, emotional, or behavioral problem. These problems can lead to school failure, alcohol or other drug use, violence, or suicide (Brandenberg, 1990). Suicide is the third leading killer of young people between the ages of 15 and 24. Despite the large prevalence of mental disorders, according to the Institute of Medicine, only 10 to 30 percent of individuals who need mental health services receive them.

SAMHSA=s 1996 National Household Survey on Drug Abuse (NHSDA) indicates that 17.8 percent of the population age 12 and older abuse alcohol, illicit drugs, or both. Approximately 15.5 percent abused alcohol in the past month. Some 100,000 people die each year in the United States as the result of alcohol alone. NIDA=s 1996 Monitoring the Future data indicate that 37 percent of boys and 24 percent of girls in the 12th grade participate in binge drinking. The 1996 NHSDA estimated that 6.1 percent of the population, but 20 percent of those age 18-20, used an illicit drug in the past month. About 18.3 percent of youth ages 12 to 17 years used tobacco in the past month. The U.S. is approaching a new record in the number of new marijuana users, and there are now more new heroin users than ever before. However, only 37% of those who critically need substance abuse treatment receive it.

According to the NCS, 4.7 percent of the population had both a mental disorder and substance abuse/dependence. Among those with an alcohol disorder, 37% also experience a mental disorder. Over a lifetime, the vast majority (79 percent) of mental disorders appear to be comorbid illnesses. The data also suggest that the major economic and social burdens of psychiatric disorders are likely concentrated in those who experience significant comorbidity.

The costs of mental disorders and substance abuse, particularly the indirect costs, are enormous. In 1994, the total costs of mental illness, which includes anxiety disorders, schizophrenia, affective and other disorders, were $204.4 billion.[1] Direct treatment costs were $91.7 billion or 45 percent of the total. Non-treatment costs, such as lost or reduced earnings, and those associated with crime and incarceration, social welfare administration, and family care, accounted for the remainder. In 1995, the total costs for alcohol abuse were estimated at $166.5 billion and for drug abuse were estimated at $109.8 billion, for a combined

[1] Source: Rice DP (1997): Costs of Mental Illness (Unpublished Data). The 1994 estimates are projections from basic conceptual and analytic work done under contract with the Alcohol, Drug Abuse and Mental Health Administration and presented in Rice DP, Kelman, S, Miller LS, Dunmeyer S (1990): The Economic Costs of Alcohol and Drug Abuse, and Mental Illness: 1985: DHHS Publication No. (ADM) 90-194. The 1994 costs were based on socioeconomic indexes applied to the 1985 cost estimates by Dorothy Rice.

total of $276.4 billion[2]. 12% or $34.4 billion were for direct treatment costs. The remaining were non-treatment costs. For example, it costs every man, woman, and child in the United States nearly $1,000 annually to cover the costs of health care, additional law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse (Merrill et el., 1993).

With increased support of prevention, early intervention, and treatment services, costs can be reduced. SAMHSA=s contributions to the substance abuse and mental health fields depend upon maintaining an array of programs and mechanisms for addressing service needs.

Long-Term Policy Goals

Three long-term policy goals, for which measures are being implemented, summarize SAMHSA=s fundamental mission:

- Support and contribute to the improvement of community-based systems of mental health care to increase the level of functioning and quality of life for adults with serious mental illnesses and for children with serious emotional disturbances

- Educate and enable America=s youth to reject illegal drugs as well as underage use of alcohol and tobacco

- Assist States and communities by supporting and helping to improve their substance abuse prevention and treatment efforts

SAMHSA has been a key participant in Healthy People 2000/2010, coordinated by the Department of Health and Human Services (HHS), and in the National Drug Control Strategy/ Performance Measures of Effectiveness effort, coordinated by the Office of National Drug Control Policy (ONDCP). SAMHSA=s long-term policy goals directly support these broader efforts, as well as the goals and objectives of the HHS Strategic Plan.

Program Goals

SAMHSA=s program structure consists of nine budget activities. These activities include block and formula grants to assure services availability; discretionary grants to meet needs for targeted services; grants for knowledge development and knowledge application activities; and activities to collect and analyze data and to support data and other infrastructure needs.

This year, SAMHSA and the Centers developed four programmatic goals which summarize the purpose

[2] Source: Harwood HJ, Fountain D, Livermore G (1998): The Economic Costs of Alcohol and Drug Abuse in the United States, 1992: National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism. Preprint Copy. The 1995 costs were based on socioeconomic indexes applied to the 1992 cost estimates by Harwood et al.

of these programs. The goals encompass all of SAMHSA=s budget activities.

- Bridge the gap between knowledge and practice: Activities in support of this goal develop, test, and implement knowledge gained in research settings in actual service settings, and are supported by Knowledge Development and Application and High Risk Youth funds.

- Promote the adoption of best practices: Activities in support of this goal encourage the adoption of best practices by States, local communities, and providers, and are supported by Knowledge Development and Application funds.

- Assure services availability/ meet targeted needs: Activities in support of this goal provide direct support for services, either through support to implement needed services within a community through discretionary grants or, more broadly, through block and formula grants to States. These activities are supported by six budget activities: the two Block Grant programs for mental health and for substance abuse prevention and treatment; Targeted Capacity Expansion; the Children=s Mental Health Program; and two mental health formula grant programs, PATH and Protection and Advocacy.

- Enhance service system performance: Activities in support of this goal support primary data collection and reporting, data infrastructure development, and other infrastructure needs, and are supported by National Data Collection funds (in years when funds are appropriated) and by 5 percent set-asides from the two Block Grants.

Not all program areas are emphasized in any single year=s budget submission. For example, no new funding is requested for FY 2000 for Programmatic Goal and activities. This varying emphasis will be reflected in each year=s budget narrative and GPRA performance plan.

Core Client Outcome Measures

SAMHSA has proposed a set of core client outcome measures, to be collected across all SAMHSA programs for which these outcomes are an appropriate indicator of performance. SAMHSA is requesting approval in FY 1999 from OMB to collect the data in all discretionary programs to which these measures apply.

Additional GPRA Performance Plan Improvements

- Mental health performance indicators have been developed by SAMHSA and the States. These indicators have now been piloted through programs funded by CMHS and have been cleared by OMB for voluntary collection of data through the FY 1999 and subsequent Community Mental Health Services Block Grant applications.

- Substance abuse treatment indicators have been developed by SAMHSA and the States.

SAMHSA will request clearance from OMB for voluntary collection of related data through the FY 2000 and subsequent SAPT Block Grant applications by mid-1999.

- Measures that will yield more valuable performance information have been added to the FY 2000 plan or substituted for certain measures in the FY 1999 plan.

Summary of Budget Request

The FY 2000 budget request for the Substance Abuse and Mental Health Services Administration (SAMHSA) is $2.6 billion, an increase of $138,500 or 5.6% over the comparable 1999 appropriation. The request builds upon ongoing program initiatives, and proposes new or expanded efforts in the key areas of mental health services, Targeted Capacity Expansion, HIV/AIDS, and the increased understanding of service delivery systems. The latter includes youth access to and abuse of alcoholism; issues of violent behavior as they relate to women and women=s services; bioterrorism; strengthening families to resist substance abuse; and similar areas of importance to the Nation. SAMHSA will continue its leadership role in focusing attention on service issues of greatest concern, and achieving consensus on needed improvements in service quality and availability.

The majority of the requested increase ($100 million) is directed to the two SAMHSA Block grant programs, with $70 million of this amount providing a 24.2 percent increase in the Mental Health Services Block Grant. This reflects the high priority accorded expanding service availability through continuing partnerships with the States. State allocations will be based on current statutory authority, using wage data for nonmanufacturing service providers. An additional $100 million is requested as an advanced FY 2001 appropriation increase for the Substance Abuse Prevention and Treatment (SAPT) Block Grant. These funds are requested in advance for two purposes, to secure an advance commitment to continuing efforts to close the substance abuse treatment gap, and to ensure that federal assistance to States in addressing drug problems is available for their use as soon as the fiscal year begins.

The FY 2000 request includes an increase of $55 million for a new program and line item, Targeted Capacity Expansion. This activity includes certain of the substance abuse efforts formerly budgeted within the Knowledge Development and Application (KDA) program. They have been separately identified because, while related to knowledge application, capacity expansion services have as their goal meeting well-defined needs which are emerging in nature, population-based, limited geographically, or otherwise not optimally addressed through formula allocations to States. Targeted service capacity is generally time-limited, working in conjunction with Block Grant resources to address community needs. Examples include the new HIV/AIDS programs in minority communities; State Incentive Grants for substance abuse prevention; and Targeted Treatment Capacity Expansion focused on treatment needs, such as methamphetamine abuse.

Separate funding is not requested for National Data Collection, consistent with the congressional directive that resources for the expanded Household Survey on Drug Abuse derive from the Block Grant set-asides rather than a separate program. Other set-aside projects have been scaled back or eliminated to accommodate higher Survey costs. Fiscal year 2000 represents the second year in which the expanded

Survey will collect State-level data on alcohol and drug abuse, tobacco use by minors and brand preference, and substance abuse co-occurring in combination with mental health problems.

National Priority on Mental Health Services

A significant Administration priority in the FY 2000 budget request is the need to bridge the significant gap between the mental health needs of Americans, and their present ability to access high quality care. The Nation=s mental health system is in fact undergoing significant change as State-level health care reforms, the growth of managed care coverage, welfare reform, and similar issues impact public sector and community-based services. Programs of the Center for Mental Health Services (CMHS) play an important role in understanding these changes, ensuring service system responsiveness, and filling gaps in the availability of community-based services.

This will be achieved in FY 2000 through a modest increase in the Mental Health Block Grant and the Projects for Assistance in Transition from Homelessness (PATH) formula grant programs. Strong program efforts will be continued in the area of children=s mental health and mental health/violence in schools. While the proposed Block Grant increase is the largest ever recommended for this program, it is important to note there has been no increase in the block grant for approximately 5 years. States will receive increases averaging over 24 percent to expand community-based care in such areas as:

- Allowing mentally ill individuals to function within their communities, rather than residing in inpatient institutions;

- Ensuring post-incarceration services are available to individuals who are mentally ill and released from local jails and prison systems;

- Providing an extensive array of community services for children with serious emotional illnesses, such as case management, support services, day treatment, and crisis services;

- Supporting youth suicide prevention programs; and

- Responding to the growing problem of persons with both mental health and substance abuse disorders.

Complementing this increase in mental health care will be a 19.2 percent increase in State allocations to provide services to homeless individuals with severe mental illness, or those who are at high risk for becoming homeless. These individuals require outreach, referrals for mental health and primary health care, rehabilitation, and similar support to improve their health and functional outcomes. The number of clients reached through PATH-supported programs, which receive matching funds from the States, will increase to 115,000 in FY 2000.

Two other extremely important programs focused on children=s mental health needs round out the mental health service effort. In FY 1999, $40 million was appropriated to initiate mental health service programs in our Nation=s schools, addressing in particular those students at risk for violent behavior. SAMHSA is

working with the Departments of Education and Justice to help school districts implement community-based programs which incorporate such services as safe school policies, prevention and early intervention, and mental health treatment services. Both this program and the Children=s Mental Health Service Program will be continued in FY 2000 at the increased 1999 level. The Children=s Mental Health Program has demonstrated significant improvements for children after six months of service, including better school grades; fewer school absences; fewer contacts with law enforcement agencies; more stable living arrangements; and, most importantly, marked reductions in children=s functional impairment.

Taken together, these program comprise a much more comprehensive and substantially increased mental health service agenda than that pursued only two years ago. The relationship of these services to the development of new knowledge, described below, is integral to CMHS= effectiveness in improving the Nation=s mental health service system.

Addressing Gaps in Substance Abuse Services

Problems facing the substance abuse service system are similar to those of mental health: a rapidly changing environment, insufficient prevention programs, reduced financing and service gaps, and lack of adequate services for targeted populations. In conjunction with goals of the National Drug Control Strategy, SAMHSA has undertaken four initiatives directly responsive to these concerns. They include:

- Initiation of a Targeted Treatment Capacity Expansion program, and its increase for FY 2000;

- Through Targeted Capacity Expansion (TCE), increasing HIV/AIDS services for drug treatment and prevention will be available in minority communities;

- Continued growth of State service programs through the SAPT Block Grant, building on the 1999 increase; and

- Expansion of the State Incentive Grant prevention program to four new States.

The FY 2000 budget request adds $55 million for treatment expansion targeted to the Nation=s greatest needs, with emphasis on cities, counties and rural areas, doubling the size of the program from 1999 levels. Over 22,000 more clients in serious need of treatment will be able to receive high quality services, ensuring effective outcomes through integral program evaluation. Approximately 60-90 new awards will be made to government units to target regionalized patterns of drug abuse, the unique needs of metropolitan areas, services for substance abusing women and their children, needs of rural and Native American communities, and similar areas where services are substantially lacking.

Nowhere is this need more evident than in HIV/AIDS prevention and treatment services available in minority communities. In 1999, both CSAP and CSAT will award new TCE grants to address the virtual HIV/AIDS epidemic recently identified in African American and Hispanic communities, and particularly affecting women injecting drugs. Community-based organizations, minority institutions of higher education, the faith community and others will be engaged in developing HIV prevention strategies and enhancing

substance abuse treatment services with an HIV component.

While targeted capacity development represents an outstanding approach to more localized problems, the Nation as a whole still has a huge gap between public sector treatment needs and their availability. In response, the appropriation increase of $275 million provided in 1999 for the SAPT Block Grant effectively and substantially increased alcohol and drug abuse prevention and treatment service availability nationwide. In FY 2000, an increase of $30 million will help sustain this growth in service capacity. The budget also proposes that $100 million, or 6.2 percent more be dedicated to closing the gap in services through advance approval of an FY 2001 increase.

Another aspect of addressing substance abuse service needs is filling gaps in prevention programming identified by the States. Despite initiatives undertaken by the justice, educational, law enforcement, and health sectors these gaps continue to exist. By FY 2000, CSAP will have awarded State Incentive Grants to 21 Governors= offices to coordinate prevention efforts, identify major gaps, and initiate Abest practice@ programs where needed. Often, this is in underserved and minority populations. The FY 2000 request will permit awards to four new States to prevent substance abuse practices before they occur, particularly among youth.

Increasing Knowledge in Critical Service Areas

SAMHSA=s mental health and substance abuse service programs play a dual role in system improvement - they not only fill existing gaps in service need, they do so utilizing practices scientifically proven to be effective. Optimal outcomes and high service efficiency are thus achieved. Understanding how to do so is accomplished through Knowledge Development and Application (KDA) programming directed to the most critical gaps in current knowledge, and the highest priorities for service system improvement. The FY 2000 request maintains support for mental health and substance abuse treatment KDAs at 1999 levels, but proposes a $26 million reduction for substance abuse prevention.

Several of the most important areas to be addressed through the KDA program in FY 2000 include:

- National Agenda Against Underage Drinking - This cross-cutting initiative will address the growing problem of underage alcohol consumption through a comprehensive set of efforts to prevent, postpone, and reduce underage drinking. The components include replication of proven effective prevention models, development of new prevention models for the 18 to 21 age group with a focus on binge drinking on campus, assessing mental health and alcohol problems within the context of a prevention program and intervening/referring for treatment, and assisting States in reducing underage drinking through the development and initiation of multi-State strategies.

- Bioterrorism - A new initiative will help prepare for the behavioral and psychosocial consequences of terrorist threats and events. A scientifically-driven response plan does not currently exist, yet the psychological impact has been substantial in actual instances of bioterrorism.

- Women and Violence - The majority of women who have been treated for addiction and mental

disorders have experienced physical and/or sexual abuse at some point in their lives. This cross-cutting initiative provides an additional opportunity for SAMHSA=s Centers to work collaboratively to promote and improve the integrated service delivery system for women and their children affected by violence. The initiative has three major components: (1) to provide cross training for service providers from diverse backgrounds; (2) to communicate information regarding new service approaches and improved service delivery systems; and, (3) to expand current assessment and evaluation programs to assess the effectiveness of substance abuse/mental health treatment programs in addressing health consequences of domestic and sexual violence.

- Strengthening Families - This study will identify the best parenting and family programs for preventing substance abuse, and reducing associated behavior such as child abuse and violent behavior. Results will be demonstrated in community agencies and communicated to practitioners nationwide.

- Community Action Grants - Community action projects are small-scale, time-limited awards to communities which agree to adopt exemplary mental health practices. Each such practice model must meet objective, evidence-based criteria of success. Such projects have been established around the country, including 11 in Hispanic communities, and an additional 20 awards are planned for 1999 and 30 awards are planned 2000.

These projects indicate both the diversity and the creativity evident in SAMHSA=s KDA portfolio. Numerous other projects and activities supported with KDA resources include operation of consumer clearinghouses and websites; development and communication of best practice information; cooperative arrangements with other federal agencies, such as Justice, Veterans Affairs, the National Institutes of Health, and others on mental health and substance abuse issues of mutual concern; and considerable efforts to understand service needs in rural and Native American communities. The KDA program is highly successful in meeting the many demands for a quick and effective federal response to mental illness and substance abuse problems.

Improving Program Management

The FY 2000 budget includes an increase of $4.5 million for management and oversight of SAMHSA program activities. These resources will cover costs of the January 1999 and January 2000 pay raises; increased rental costs; and the annualized salary costs of critical new and replacement hires made in 1999. Staffing levels for SAMHSA as a whole are expected to decline in 2000 from 574 to 565. The total amounts requested for this account include the effect of a six percent annual limit on the rate of increase for the costs of physicians= compensation.

With respect to SAMHSA=s automated information infrastructure, all computer systems have been reviewed and, if necessary, adjusted to be Year 2000 compliant. To date independent verifications and validations have been conducted for four of the five mission critical systems, and all have been certified as compliant.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Program Mechanism Summary Table

(Dollars in Thousands)

	FY 1998 Actual		FY 1999 Enacted		FY 2000 Request	
Knowledge Development and Application:	**No.**	**Amt.**	**No.**	**Amt.**	**No.**	**Amt.**
Grants:						
Continuations	119	$51,124	161	$37,840	342	$67,1
Competing:						
New	153	18,838	266	60,310	86	6,4
Supplements:						
Administrative	4	707		1,500	---	
Subtotal, Grants	276	70,669	427	99,650	428	73,5
Cooperative Agreements:						
Continuations	142	60,849	202	83,109	177	67,3
Competing:						
New	113	43,819	33	12,800	64	36,9
Supplements:						
Administrative	2	2,010	---	1,050	---	
Competing	---	1	---	---	---	
Subtotal, Coop. Agreements	257	106,679	235	96,959	241	104,2
Contracts	187	96,073	120	96,708	92	89,5
Total, Knowledge Develop & Appl	**720**	**$273,421**	**782**	**$293,317**	**761**	**$267,3**
Targeted Capacity Expansion:						
Grants:						
Continuations	---	---	41	23,732	151	59,7
Competing:						
New	41	23,732	110	36,000	60-90	55,0
Renewal	---	---	---	---	---	
Subtotal, Grants	41	23,732	151	59,732	211-241	114,7
Cooperative Agreements:						
Continuations	10	21,204	25	63,101	22	56,0
Competing:						
New	15	41,199	2	5,000	4	12,0
Subtotal, Coop. Agreements	25	62,403	27	68,101	26	68,1
Contracts	4	5,276	3	5,682	3	5,6
Total,Targeted Capacity Expansion	**70**	**91,411**	**181**	**133,515**	**240-270**	**188,5**
Children's Mental Health Services:						
Grants:						
Continuations	27	41,660	25	33,514	51	63,6
Competing:						
New	14	12,571	28	28,000	---	
Supplements:						
Administrative	---	3,142	---	---	---	
Subtotal, Grants	41	57,373	53	61,514	51	63,6
Cooperative Agreements:						
Continuations	---	---	---	---	1	1,0
Competing:						
New	---	---	1	1,000	---	
Supplements:						
Administrative	(1)	595	---	---	---	
Subtotal, Coop. Agreements	1	595	1	1,000	1	1,0
Contracts	15	14,959	18	15,486	18	13,3
Total, Children's Mental Health Services	**56**	**72,927**	**72**	**78,000**	**70**	**78,0**

Subtotal, Grants	41	57,373	53	61,514	51	63,695
Cooperative Agreements:						
Continuations	---	---	---	---	1	1,000
Competing:						
New	---	---	1	1,000	---	---
Supplements:						
Administrative	(1)	595	---	---	---	---
Subtotal, Coop. Agreements	1	595	1	1,000	1	1,000
Contracts	15	14,959	18	15,486	18	13,305
Total, Children's Mental Health Services	**56**	**72,927**	**72**	**78,000**	**70**	**78,000**

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Program Mechanism Summary Table

(Dollars in Thousands)

	FY 1998 Actual		FY 1999 Enacted		FY 2000 Request	
High Risk Youth:	**No.**	**Amt.**	**No.**	**Amt.**	**No.**	**Amt.**
Cooperative Agreements:						
Continuations	---	---	13	5,980	15	7,000
Competing:						
New	13	5,954	3	1,020	---	---
Renewal	---	---	---	---	---	---
Subtotal, Cooperative Agreements	13	5,954	16	7,000	15	7,000
Contracts	---	46	---	---	---	---
Total, High Risk Youth	**13**	**6,000**	**16**	**7,000**	**15**	**7,000**
Total National Data Collection	1	**18,000**	---	---	---	---
Total, Protection and Advocacy	**56**	**21,957**	**56**	**22,957**	**56**	**22,957**
Set-Aside	---	(439)	---	(459)	---	(459)
Total, PATH	**56**	**23,000**	**56**	**26,000**	**56**	**31,000**
Set-Aside	---	(690)	---	(779)	---	(929)
Mental Health Block Grant	**59**	**275,420**	**59**	**288,816**	**59**	**358,816**
Set-Aside (Non-Add)	---	(13,771)	---	(14,441)	---	(17,941)